2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100314

City-St-Zip:

ST. AUGUSTINE, FL 32080

Entity Name: VANDYKE NORMAN INSURANCE, LLC

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 601-B SOUTH PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 601-B SOUTH PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084 FEI Number: 26-3597287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VANDYKE, KEVIN 137 MANRESA ROAD ST. AUGUSTINE, FL 32084 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VANDYKE, KEVIN Name: Name: Address: 137 MANRESA ROAD Address: City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: NORMAN, ANDREW M Name: Address: 1164 NOCHAWAY DRIVE Address: City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NORMAN, MICHAEL H Name: Name: Address: 164 PELICAN REEF DRIVE Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: ANDREW NORMAN MGRM 04/16/2009